

FORM
5

Rev
10/14

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402164330

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: <u>18600</u>	Contact Name: <u>Anthony Trinko</u>
Name of Operator: <u>COLORADO INTERSTATE GAS COMPANY LLC</u>	Phone: <u>(719) 520-4557</u>
Address: <u>P O BOX 1087</u>	Fax: _____
City: <u>COLORADO SPRINGS</u> State: <u>CO</u> Zip: <u>80944</u>	Email: <u>anthony_trinko@kindermorgan.com</u>

API Number <u>05-005-06743-00</u>	County: <u>ARAPAHOE</u>
Well Name: <u>LATIGO</u>	Well Number: <u>21</u>
Location: QtrQtr: <u>SWNE</u> Section: <u>13</u> Township: <u>5S</u> Range: <u>61W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>1980</u> feet Direction: <u>FNL</u> Distance: <u>1980</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.618020</u> As Drilled Longitude: <u>-104.161950</u>	
GPS Data:	
Date of Measurement: <u>09/27/2010</u> PDOP Reading: <u>4.2</u> GPS Instrument Operator's Name: <u>G.H. Jarrell</u>	
	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	
	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	
Field Name: <u>LATIGO</u> Field Number: <u>48500</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 02/17/1977 Date TD: 02/25/1977 Date Casing Set or D&A: 02/26/1977
 Rig Release Date: 02/27/1977 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD <u>6836</u> TVD** _____	Plug Back Total Depth MD <u>6803</u> TVD** _____
Elevations GR <u>5423</u> KB <u>0</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

List Electric Logs Run:

DIL, CNL-FDC

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	17+1/4	13+3/8	54.5	0	131				
1ST	12+1/4	8+5/8	24	131	878	700	0	878	VISU
2ND		9+5/8	36	0	82				
3RD	7+7/8	5+1/2	15.5	82	6,821	1,565	830	6,821	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
HYGIENE	3,860				
NIOBRARA	5,872				
FORT HAYS	6,220				
CODELL	6,244				
CARLILE	6,258				
GREENHORN	6,299				
GRANEROS	6,378				
D SAND	6,614				
HUNTSMAN	6,636				
J SAND	6,658				
SKULL CREEK	6,803				

Operator Comments:

This Form 5 is being submitted in response to a July 26, 2018 data request for a new Drilling Completion Report for wells that have not had one filed since 1999.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Anthony P. Trinko

Title: Sr. Reservoir Engineer Date: _____ Email: anthony_trinko@kindermorgan.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402164331	TIF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402164338	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

